

P1100000482489

(Requestor's Name)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 19 PM 3:15

9/20  
8/31  
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W1100000482489

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: care to stay home Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Edna a Tarantino  
Name (Printed or typed)

~~356 NW Avenis ave~~ P.O. Box 57  
Address

~~port st lucie fla 34988~~ Cedar city UT 84721  
City, State & Zip

1-435-865-7529  
Daytime Telephone number

ccmaidi@aol.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: CARE TO STAY HOME Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
356 nw avens Ave.  
port st lucie FL 34983

Mailing address, if different is:

p.o. box 57  
cedar city utah 84721

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to provide non medical health care to individuals

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Edna a Tarantino president</u>	Name and Title: _____
Address: <u>491 s main st suite 8</u>	Address: _____
<u>cedar city utah 84720</u>	_____

Name and Title: <u>alfred hernandez vice president</u>	Name and Title: _____
Address: <u>491 s main st suite 8</u>	Address: _____
<u>cedar city utah 84720</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Edna a Tarantino  
Address: 356 nw avens ave  
port st lucie fla 34983

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: edna a tarantino  
Address: 356 nw avens ave  
port st lucie fla 34983

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TALLAHASSEE FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Edna Tarantino  
Required Signature/Registered Agent

9/12/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edna Tarantino  
Required Signature/Incorporator

9/12/11  
Date